



Expense Claim Form

MEETING OF: _____

DATE: _____ LOCATION: _____

A. TRANSPORTATION:

Air ** \$ _____

Car _____ kms @ .61 per km \$ _____

Taxis ** \$ _____

Other \$ _____

B. LODGING:

Hotel ** \$ _____

Meals ** \$ _____

C. PER DIEM:

of full days _____ @ \$876.12 per day \$ _____

of half days _____ @ \$438.06 per ½ day \$ _____

D. MISC: \$ _____

SUB TOTAL: \$ _____

**** Receipts must be attached to expense claim.**

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF EXPENSES CLAIMED.

Printed Name: _____

Signature: _____

Date: _____

CDSS office use only

TOTAL: \$ _____ Date: _____

Cheque #: _____ Inv/Ref: _____

Please keep a copy of your records.